6TL0D0GSKB 22-11473

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Document Number Overi	te Primary Cras	1Document#	Agency Crash Nu	mber	I mivesugaung On	ficer/Deputy		
		Timely Glacing Council		22-11473		DEPUTY G. AKERS		
Crash Date 11/15/2022	Crash Time 06:56 PM			<u> </u>	Time Arrived 07:22 PM		<u> </u>	
Date Notified 11/15/2022	Time Notified 07:00 PM		11/15/2022 Total Units 01		Total Injured	Total Killer	d	
On Emergency	Hit and Run	<u> </u>				Towed		Reporting hreshold
Government Property	Active \$	Active School Zone		School Bus Related				
Reportable	Crash Type DT4000 (S1	ANDARD CRASH	l)		Amended		Secondary Crash	
Description Diagram	'					construction	•	
					Ph	otos By		

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	Location ===									
	ON OLD TOWN HALL RE)			Latitude 43.58947	7555		Longi	tude 32891247	
	OF CTHV NB IN THE TOWN OF WINFIELD IN SAUK COUNTY					X Coordinate Y C			rdinate 748.5	
					Structure Type NO STRUCTURE					
	Crash Scene									
	FirstHarmfulEvent				= :					
	DITCH				ON ROA	nfulEventL ∩W∆Y	ocation			
	Manner of Collision				Light Con-					
	00 - NO COLLISION W/VI	EHICLE IN TRANSPORT			DARK/U					
	Road Surface Condition(s)				Roadway	Factor(s)				
	SNOW, ICE									
	Environment Factor(s)									
	WEATHER CONDITIONS	•			NONE					
	Weather Condition(s)									
	SNOW									
	Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD				
	Crash Classification - Location	n								
	PUBLIC PROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	TribalLand				Access Control Special Stud NO CONTROL		Special Study			
	Within Interchange Area		Intersection Type NOT AN INTERSECTION							
	Unit Summary =			l						
	Unit Status		Vehicle Ope	erating As Cl	assification	1	UnitType			
	IN TRANSIT		D CLASS					AUTOMOBILE		
5	Vehicle Type		<u>'</u>					Operating As Endorsements		
0	PASSENGER CAR									
	Total Occs	Train/Bus#Recorded	Total#Citat	tions Issued		Total Trai		0	azMat Types	
	Insurance?	Direction Of Travel EASTBOUND		CrashTire					nes	
LNO	YES		Mark	45		2 Emergency Motor Vehicle Use		-1-1-11-		
Ś	Most Harmful Event: Collision DITCH	i vvitn		Special Function NO SPECIAL FUNCTION Traffic Control NO CONTROL Road Curvature CURVE LEFT		TION		NOT APPLICABLE Traffic Control Inoperative/Missing NO Road Grade		
	Traffic Way	_	1							
	TWO-WAY, NOT DIVIDED Surface Type									
	BLACKTOP (BITUMINOL	JS)	1			UPHILL				
	Truck Bus or HazMat									
	NO									
	Vehicle · · · · · · · · · · · · · · · · · · ·									
	License Plate Number		Plate Type		_	St	Country of Is			
	ABR4770		AUT - AUTOMOBILE		WI	UNITED S	TATES			
01	Vehicle Identification No.		l l	Make TOYOTA		Year	Model PRIUS			
	Color		Body Style 4H - HATCHBACK 4 D				Bus Use			
	RED - RED	1 .					Bus Use			
	Initial Contact Point			Vehicle Damage		+ 500K		I		
	01 - RIGHT FRONT CORNER Extent Of Damage DISABLING DAMAGE					T CORNER, 02 - RIGI			7 8 9 10 11	
LNO	ত 01 - RIGHT FRONT	CORNER	04 - 8101	コナ ミタヘジナ	COPME	ם אם באר	בעד פותב		6 12	

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		Towed Due To Damage TOWED DUE TO DISABL	ING DAMAGE	Vehicle Removed By SHIELDS TOWING				
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors				
		Driver Prior Action Other		TIRES				
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACT	FION					
٥	Б	Owner Name JACOB C SVETLIK (608) 720-0676		Owner Address S1466 CAUGHLIN LA VALLE, WI 539				
		ı Sequence:Of Events						
	ā	Event MOTOR VEH IN TRANSF	PORT					
	8	Event DITCH						
	8	Event						
	3	Event						
 -		Policy Holder						
IN N		Insurance Company PROGRESSIVE-CASUAL		Individual JACOB SVETLIK				
		ndividual						
								
		Driver JACOB C SVETLIK		Citations Issued Sex				
	7	(608) 720-0676		O Service of Street	MALE			
E	3			Date of Birth	Race WHITE			
TIND	INDIVIDUA	Address \$1466 CAUGHLIN CT LA VALLE, WI 53941 , U	s	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES				
	Sai	ety Equipment	ty Crash	Safety Equipment				
		Row Seat Position 01 - FRONT ROW 07 - LEFT		SHOULDER & LAP BELT				
		HelmetUse	•	Helmet Compliance				
		Eye Protection		Tint Compliance				
٤	1 00	Injury S	Severity PPARENT INJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AF			Trapped/Extricated NOT TRAPPED		
		Medical Transport	NOT EDECTEDATOT A	PLICABLE EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distracted By NOT /	rted By Source APPLICABLE (NOT DISTE	RACTED)		•		
		Distracted By Action NOT DISTRACTED						

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	Non Motorist Striking Unit#	Location				
	Prior Action					
	Action					
UNIT						
	Action Other					To/From School
	Drug & Alcohol NO	hol Use	Suspected Drug Use NO			
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
94	Drug Type	•				
	Individual Condition					
	APPEARED NORMAL					

Wisconsin Motor Vehicle Crash

Form DT4000